



Bureau of Aging & IN-Home Services

2004 Annual Report

July 1, 2003–June 30, 2004

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Introduction and Overview

Introduction and Overview

The Bureau of Aging & In-Home Services (BAIHS) is under the direction of the Division of Disability, Aging, and Rehabilitative Services (DDARS) within the Indiana Family and Social Services Administration (FSSA). The Bureau contracts with a statewide network of sixteen Area Agencies on Aging (AAA), which are a single point of entry for Home and Community-Based Services (HCBS) for older adults and persons with disabilities.

One such program is the Community and Home Options to Institutional Care for the Elderly and Disabled (CHOICE) Program. The CHOICE Program was established during the 1987 legislative session through House Enrolled Act (HEA) 1094 and began as a pilot program in Knox, Davies, and Tippecanoe counties in 1988. The program went through several expansions that resulted in services to all of Indiana's 92 counties in 1992. CHOICE continues to receive very positive reviews for providing consumer choice and a wide array of in-home services aimed at maintaining maximum independence.

During State Fiscal Year 2004 the Bureau of Aging and In-Home Services contracted with the sixteen Area Agencies on Aging to provide services to more than **108,000** individuals through the array of programs listed in this report.

The Need for In-Home, Community-Based and Protective Services

There are estimated to be more than 988,000 people in Indiana over age 60 according to the United States Census Bureau, and more than 291,000 of them experience some limitation in two or more "activities of daily living" such as bathing, dressing, or walking. Additionally, there are more than 559,000 Hoosiers below age 65 who also experience some limitation in these activities. (*Census 2000: US Census Bureau*)

FSSA recognizes that older persons and persons with disabilities prefer to maintain their independence and privacy as long as possible. The In-Home Services and Community-Based and Protective Services Programs of DDARS provide high quality, cost effective, and accessible services to meet the growing needs for Indiana citizens. The program goals include:

- ▶ Allowing older adults and persons of all ages with disabilities the option to live independently in their own homes.
- ▶ Providing an array of services aimed at preventing premature or inappropriate institutionalization.
- ▶ Consolidating/coordinating services.
- ▶ Enabling AAAs to serve as gatekeepers and service brokers.
- ▶ Accessing services from all available sources.

- Improving the quality of life of families and children with an emphasis on seniors and persons with disabilities.

Demographic trends also support the need for statewide in-home, community-based, and protective services. According to the U.S. Department of Health and Human Services, 76 million Americans will retire in the first half of this decade. This represents one of the most important social policy challenges facing the country for the next three decades.

The IN-Home Services Program offers viable options to meet the growing demand.

Continuum of Care— Services Along the Way

BAIHS, through the AAA network, provides services that are integrated and coordinated. This is accomplished by service delivery planning that looks at a continuum of human needs from complete independence through increasing degrees of dependency.

Highlights

BAIHS continues to support home and community-based services to older persons and persons of all ages with disabilities. Listed below are some of the accomplishments for BAIHS in SFY 2004.

- 10,488 persons were served by the CHOICE Program.
- The Assisted Living Medicaid Waiver was implemented creating additional options for individuals to receive services



in an Assisted Living Facility rather than a Nursing Facility.

- The Governor's Task Force on Alzheimer's Disease and Related Senile Dementia awarded one grant totaling \$ 311,150 for each of the three years.
- BAIHS planned and participated in three special events aimed toward the aging population.

These and other accomplishments are detailed in the sections to follow.

Community-Based

In-Home and Community-Based Programs

The Family and Social Services Administration (FSSA) through the Bureau of Aging and In-Home Services implemented the Statewide IN-Home Services Program in July 1992. The Area Agency on Aging (AAA) case management system provides a single point of entry which consolidates many programs. This makes services accessible for individuals and families through a coordinated and integrated approach.

In-home services include home health services, homemaker, attendant care, respite care, adult day services, transportation, home delivered meals, habilitation, therapies and other appropriate services such as minor home modifications and adaptive aids. The program brings together funding from the Community and Home Options to Institutional Care for the Elderly and Disabled (CHOICE) Program, Title III of the Older Americans Act, the Social Services Block Grant (SSBG), the Older Hoosiers Account, four Home and Community-Based Medicaid Waivers, the Nutrition Services Incentive Program (formerly USDA Meals Program), and local and private funds.

In addition to in-home services, the Division of Disability, Aging, and Rehabilitative Services (DDARS) coordinates an additional range of community-based and protective services including congregate meals, information and referral, legal services, ombudsman, preventive health

services, adult protective services, adult guardianship, senior employment, pre-admission screening and annual resident review, Residential Care Assistance Program (RCAP), and money management and representative payee programs.

The IN-Home Services Program, the Community-Based Programs, and Protective Services Programs continue to serve as models for service delivery in the provision of a comprehensive, coordinated, and integrated alternative to institutionalization. Indiana's program is especially appealing because of its innovative approach to serving older adults and persons of all ages with disabilities with a single point of entry, its cost share provision, and its focus on the entire family.

CHOICE

To be eligible for CHOICE Program services, an individual must be a resident of Indiana, age 60 years of age or older, or of any age with disabilities and unable to perform two or more activities of daily living as determined by an assessment using the Long Term Care Services Eligibility Screen.

The CHOICE Program served 10,488 persons in State Fiscal Year (SFY) 2004. Information concerning persons served through the CHOICE Program is shown in the following charts.

In-Home vs. Institutional Cost

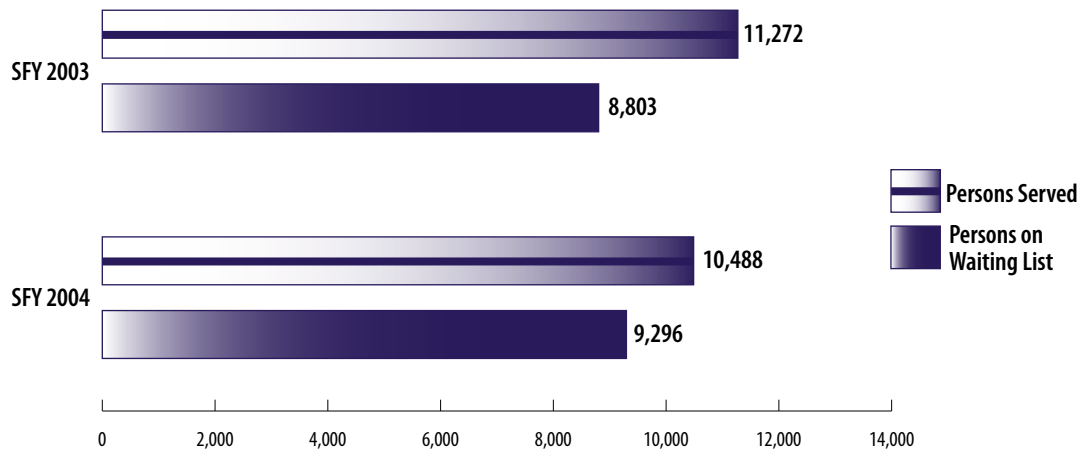
Average CHOICE Costs Compared to
Medicaid Nursing Facility Case Mix
Average Rate*

	Average CHOICE Cost	Nursing Facility Case Mix Average Rate
Daily	Total	
State Share	\$18.68	\$32.85
Federal Share	-0-	\$55.43
Total	\$18.68	\$88.28
Monthly		
State Share	\$568.57	\$999.97
Federal Share	-0-	\$1,687.15
Total	\$568.57	\$2,687.12
Annually		
State Share	\$6,882.87	\$11,998.46
Federal Share	-0-	\$20,245.81
Total	\$6,822.87	\$32,244.27

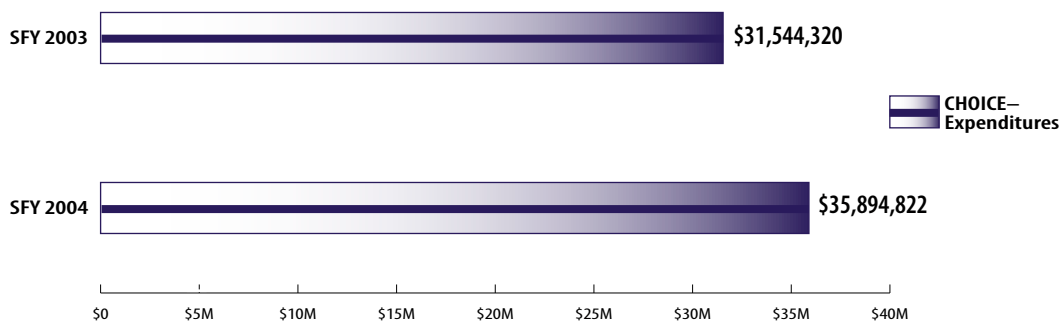
* Total is a weighted average based on percentage of all elderly and disabled recipients and length of service. The State share of the total Medicaid cost is 37.96%. Federal funding provides the remainder.

Data Source: BAIHS Computer Software Management System (CSMS)

Persons Served by Community and Home Options to Institutional Care for the Elderly and Disabled (CHOICE) vs. Persons on Waiting List



CHOICE - Trend of Annual Expenditures



Medicaid Waivers

Medicaid Waivers allow Indiana to provide a variety of in-home and community-based services to individuals who would otherwise require the level of care provided in an institutional setting. The four Medicaid Waivers administered by BAIHS are:

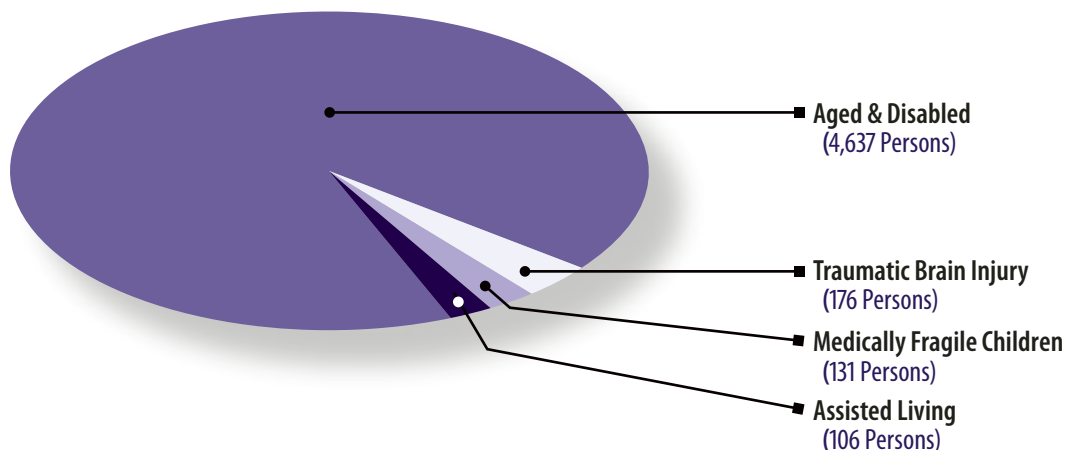
- ▶ The Aged and Disabled Waiver serves individuals who meet the Medicaid guidelines and are either 65 years of age or have disabilities. Individuals served by this waiver must meet level of care standards of a skilled or intermediate nursing facility.
- ▶ The Medically Fragile Children Waiver serves children under 18 years of age who are in need of significant medical services, including those who are technologically

dependent. Recipients of these services meet either skilled nursing facility level of care or hospital level of care.

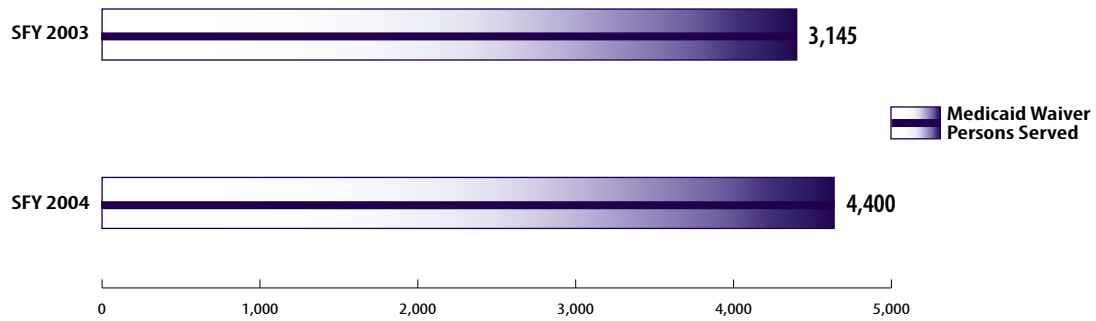
- ▶ The Traumatic Brain Injury Waiver serves persons who have suffered injuries to the brain including closed or open head injuries. Services under this waiver were implemented in March 2000.
- ▶ The Assisted Living Waiver provides services to individuals age 18 and over, who meet nursing home level of care, but choose to receive care in an assisted Living Facility.

These four Medicaid Waivers served a combined total of 5,050 individuals in SFY 2004. Information concerning persons served through these waivers is shown in the following charts.

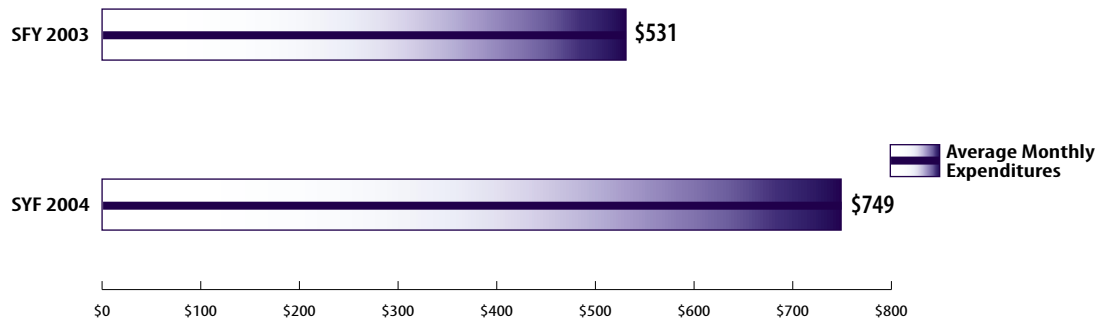
Combined Home and Community-Based Medicaid Waivers Persons Served



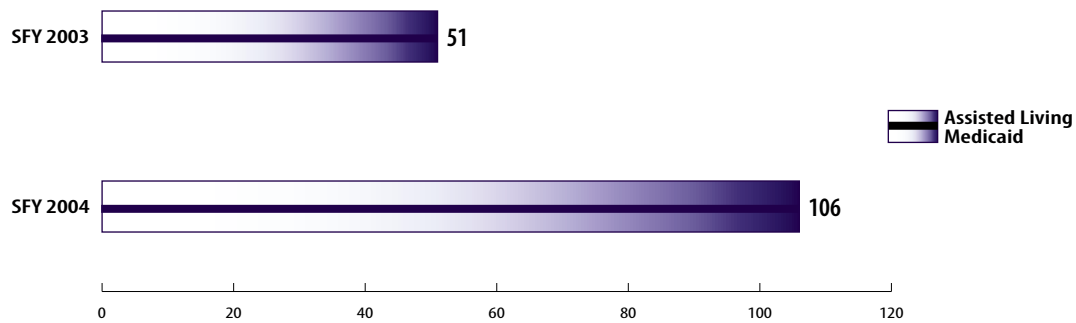
Aged and Disabled Home and Community-Based Medicaid Waiver Persons Served



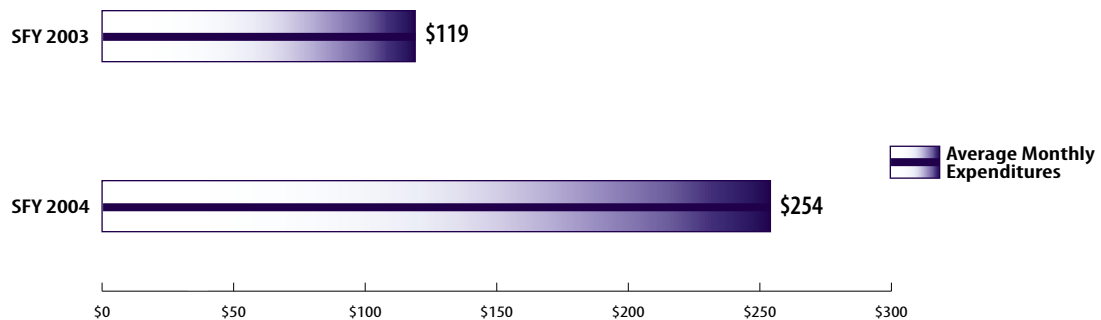
Aged and Disabled Home and Community-Based Medicaid Waiver Average Monthly Expenditures Per Person



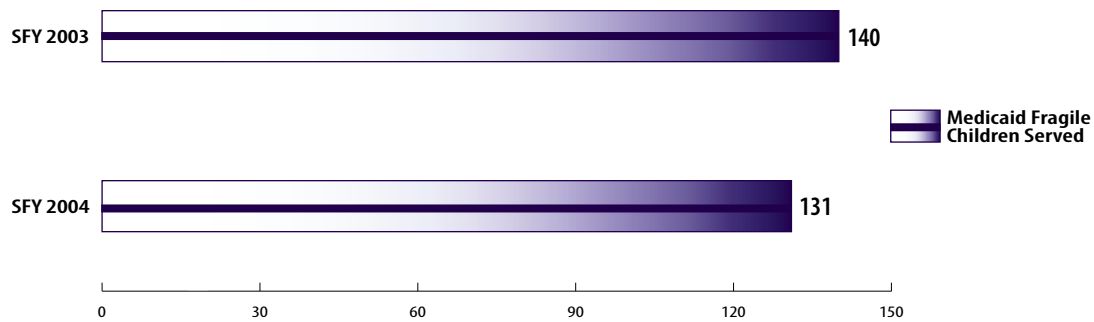
Assisted Living Home and Community-Based Medicaid Waiver Persons Served



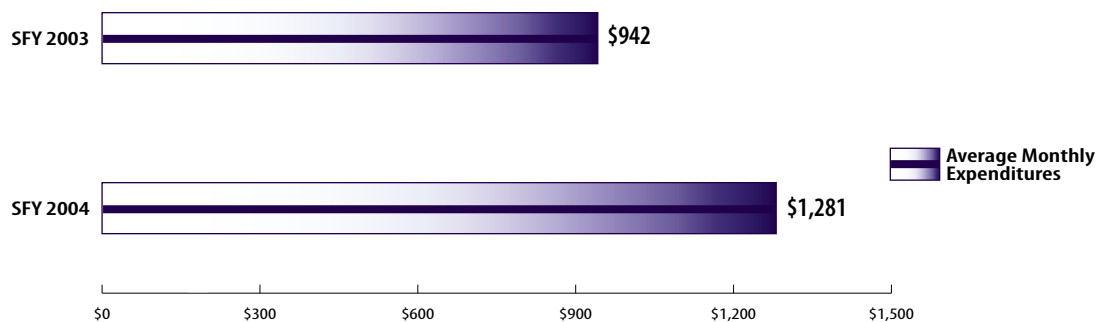
Assisted Living Home and Community-Based Medicaid Waiver Average Monthly Expenditures Per Person



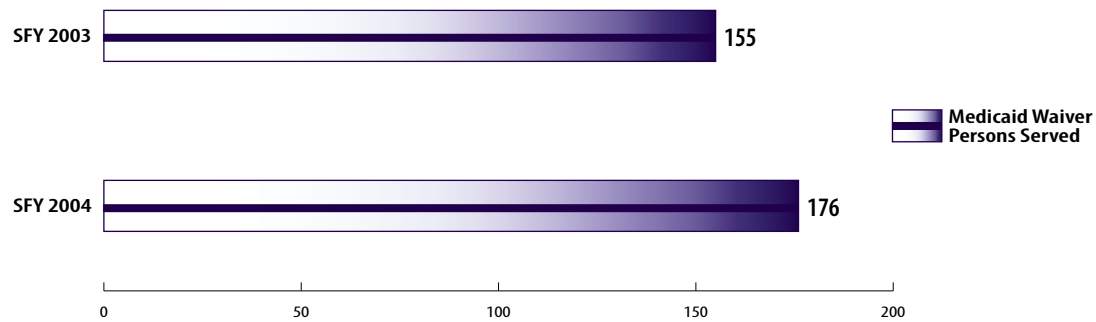
Medically Fragile Children Home and Community-Based Medicaid Waiver Persons Served



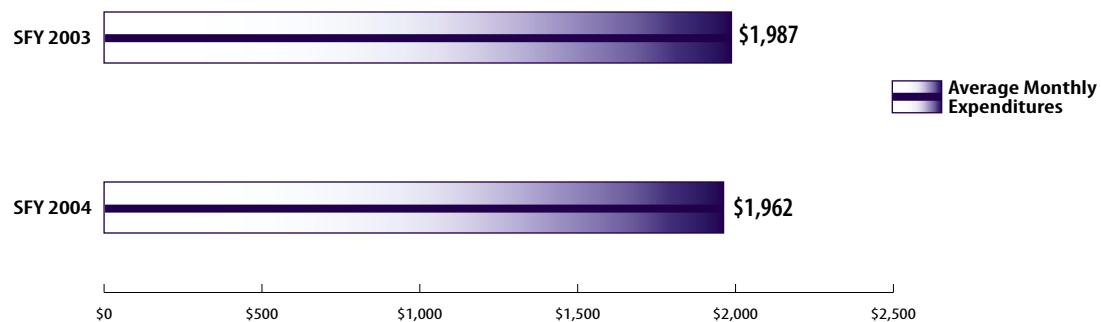
Medically Fragile Children Home and Community-Based Medicaid Waiver Average Monthly Expenditures Per Person



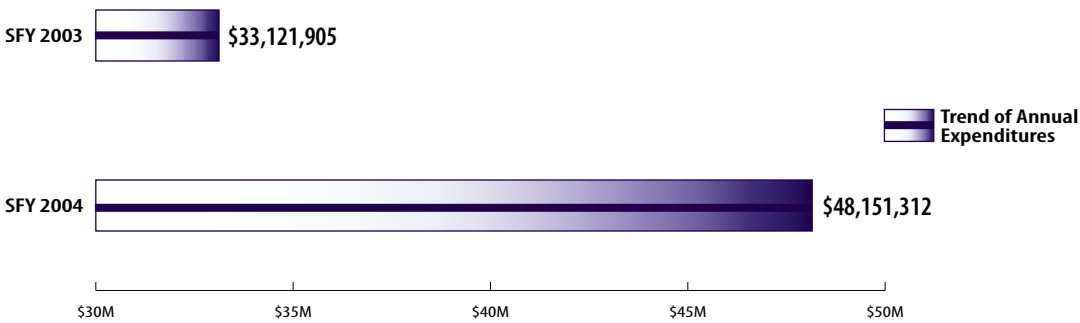
Traumatic Brain Injury Home and Community-Based Medicaid Waiver Persons Served



Traumatic Brain Injury Home and Community-Based Medicaid Waiver Average Monthly Expenditure Per Person

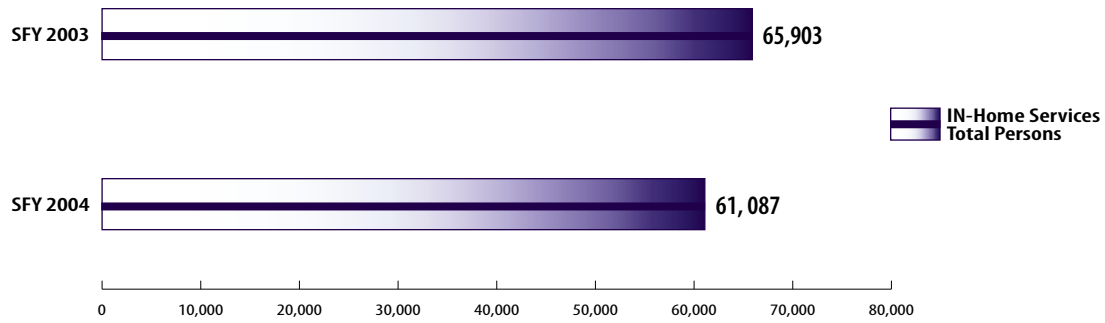


Combined Home and Community-Based Waivers
Trend of Annual Expenditures*

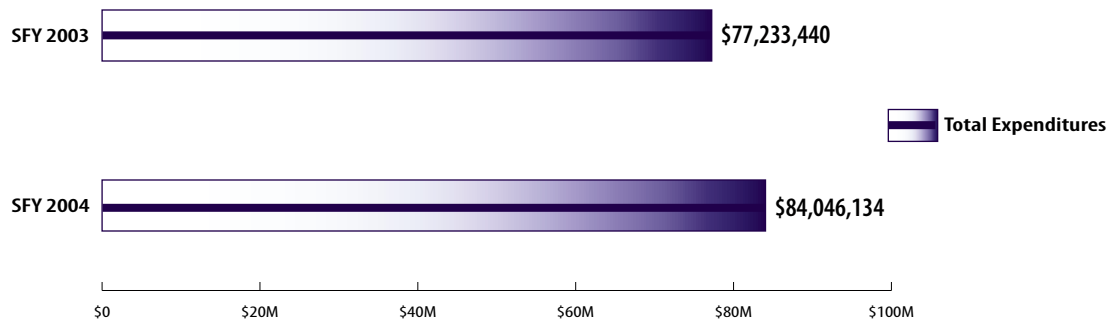


* Data from SFY 2001 and SFY 2002 include Developmental Disability Waivers

IN-Home Services Combined Total Persons Served*



Total Expenditures*



* Includes CHOICE, SSBG, Title III, & Medicaid Waivers

Services

Adult Guardianship Services

History

State law established the Adult Guardianship Services Program (AGS) in 1988. In the fall of 1990, Guardianship services were provided to residents of Madison State Hospital and Ft. Wayne State Developmental Center. In 1994, services were expanded to eligible residents of the State Developmental Centers at New Castle and Muscatatuck, and to former residents of Central State Hospital who moved to community settings.

Purpose

The AGS program was established to provide full guardianships, limited guardianships, and less restrictive alternative services to indigent, incapacitated adults who are unable to care for themselves and/or manage their own affairs without assistance, or who have a developmental disability as defined by IC 12-10-7. Related to this program is the Money Management Program (MMP), which provides for a representative payee to handle an individual's federal benefits and to provide assistance with budgeting and financial matters.

Outcome

The desired outcome is to provide residents and former residents of State Developmental Centers or state-operated facilities with ICF/MR units, and former residents of Central State Hospital, and others who are eligible with guardianships or less restrictive alternative services.



Accomplishments

The AGS Program served 289 individuals in SFY 2004. Individuals served on the program have a physical disability, a mental impairment, or both.

Funding

The program expended \$335,920 total funds in SFY 2004. This amount has not changed since SFY 2001.

Eligibility

To be eligible for services through the AGS Program, an individual must be at least 18 years of age, indigent and incapacitated, have no appropriate person to serve as guardian, and have a demonstrated inability to obtain privately provided guardianship services.

Adult Protective Services

Adult Protective Services

History

The Adult Protective Services (APS) Program was established in 1985. Adult Protective Services Units were established throughout Indiana to investigate reports of abuse, neglect, or exploitation, and to assist in obtaining protective services for endangered adults. The Indiana Prosecuting Attorneys Council was asked to assume functional control of the program and establish geographical boundaries. Full-time investigators operate out of 18 central offices throughout the state. Historically, reported cases of suspected adult endangerment have increased approximately 10% each year, until SFY 2000 when the increase reached 41%.

Purpose

The purpose of this program (IC 12-10-3) is to provide protection to adults who are endangered by abuse, neglect, or exploitation. The law defines “endangered adults” as individuals at least 18 years of age, incapable of caring for themselves, and being abused, neglected or exploited.

Outcome

The desired outcome is to investigate and resolve reports of suspected adult endangerment. When the report is confirmed, APS strives to provide the least restrictive form of intervention necessary to relieve the endangerment.

Accomplishments

In SFY 2004, a total of 15,080 reports of abuse, neglect, or exploitation were investigated by APS. This is an increase of

approximately 12% from the previous year. Intervention ranged from referral to a social service agency to court ordered protection of endangered citizens. A 24-hour hotline is maintained to serve as a clearinghouse for reports. A series of on-going in-service trainings was provided to the investigators.

Funding

The program expended \$2.1 million in total funds in SFY 2004, which is the same amount expended the previous year yet with a 12% increase in investigations.

Eligibility

The eligibility criteria are for the individual to be a resident of the state of Indiana, 18 years of age or older, either physically or mentally incapacitated and reported as abused, neglected or exploited.



Task Force

Governor's Task Force on Alzheimer's Disease and Related Senile Dementia

History

The Indiana Governor's Task Force on Alzheimer's Disease and Related Senile Dementia was created in 1987 under IC 12-10-5.

Purpose

As outlined in IC 12-10-5, the Task Force is to assist the Division of Disability, Aging, and Rehabilitative Services by identifying areas of concern to be addressed, recommending services to meet the needs, recommending the development of training materials, and compiling available research. In carrying out this role, the Task Force reviews annual grant proposals and makes recommendations to the Division of Disability, Aging, and Rehabilitative Services for funding.

The Task Force recommends the funding of programs to benefit individuals facing Alzheimer's Disease and Related Senile Dementia and their caregivers throughout Indiana.

Accomplishments

Grantee summaries in Appendix B provide specific information about the accomplishments of the grant awarded through these funds.

Funding

Program expenditures for SFY 2004 were \$85,000. This is the amount of the grant that was awarded for a two year period, which is explained in Appendix B. The funding amount for the previous year was also \$85,000.



Block Grant

Social Services Block Grant

History

The Social Services Block Grant (SSBG) was established in 1982 as a revision to Title XX of the Social Security Act. The grant allows states the flexibility to define their social services programs, ranging from services for children to services for older persons. The Division of Disability, Aging, and Rehabilitative Services (DDARS) has been allocated funds from the grant to administer services to older persons and to persons with disabilities. SSBG has been part of the Statewide IN-Home Services Program since July 1, 1992.

Purpose

The purpose of the program is to provide in-home services in order to help individuals continue to live in their own homes and communities under U.S.C. 1397 and IC 12-13-10-1. Services may include attendant care, transportation, adult day services, home delivered meals, homemaker, respite care, home health services and supplies, or other services consistent with the needs of the client population to maintain self sufficiency.

Outcome

The desired outcome is to enable persons who are older adults and/or persons age 18 years or older who have disabilities to continue to live independently in their own homes and communities.

Accomplishments

The number of persons receiving in-home services through SSBG for SFY 2004 was 12,924.

Funding

Program expenditures for SFY 2004 were \$6,015,919. These expenditures are 100% federal funds.

Persons Served

Individuals 18 years of age or older with an income below 150% of poverty and in need of services are eligible for SSBG services.



Ombudsman

Long Term Care Ombudsman Program

History

The Long Term Care Ombudsman Program is authorized under Title VII of the Older Americans Act of 1965 as amended. The program provides protection and advocacy for the rights of residents of nursing facilities.

Purpose

The purpose of the Long Term Care Ombudsman Program is to provide advocacy services to residents of licensed long term care facilities. Services include: (1) investigation and resolution of complaints made by or on behalf of residents; (2) education /training of facility staff, residents, family members,

community groups, and others; (3) information and referral services; and (4) system advocacy to improve quality of life and care for all residents.

Outcome

The desired outcomes are: (1) complaints and concerns are promptly investigated and resolved to the satisfaction of the resident; (2) consumers are informed and empowered to resolve problems on their own; and (3) interested persons, agencies, legislators, and the general public receive information on the rights and the issues that affect residents; (4) and system problems that affect residents are resolved.

Accomplishments

In SFY 2004, the Long Term Care Ombudsman Program provided services to approximately 13,465 individuals. There were 1,401 complaints investigated compared to 724 the in SFY 2003. The program provided 6,871 consultations to facility staff members and 4,837 consultations to individuals. The LTC Ombudsman Program provided 129 sessions of community education and 227 facility in-service trainings.

Funding

Program expenditures for SFY 2004 were \$995,425 of which \$450,623 were federal funds and \$311,279 were nonfederal funds. This is an increase of \$159,756 from the previous year.

Persons Served

Residents of long term care facilities in Indiana are served by this program.



Money Management

Money Management Program

History

The Indiana Money Management Program (MMP) was established in 1993. Currently, the program is co-sponsored by the Bureau of Aging and In-Home Services and the AARP Foundation. The first year there were five local sponsors of the program. One sponsored only the Representative Payee portion of the program. There are now 6 sponsors, with 5 providing both Representative Payee and Bill Payer portions of the program.

Purpose

As outlined in IC 12-10-14, the Money Management Program is to provide assistance with financial management to individuals with limited incomes who can not manage their own fiscal affairs without assistance.

Outcome

The desired outcome of the Money Management Program is to lessen the incidence of exploitation and mismanagement of an individual's benefits, with the objective of improving the quality of life for individuals

who need the service and to lessen their need for other social and community services.

Accomplishments

The program's Representative Payees paid over \$322,707 of their client's funds toward those client's basic needs in SFY 2004. These funds return to the local communities in the form of payments for such items as rent/mortgage, groceries, and utilities. The program served 140 individuals in SFY 2004.

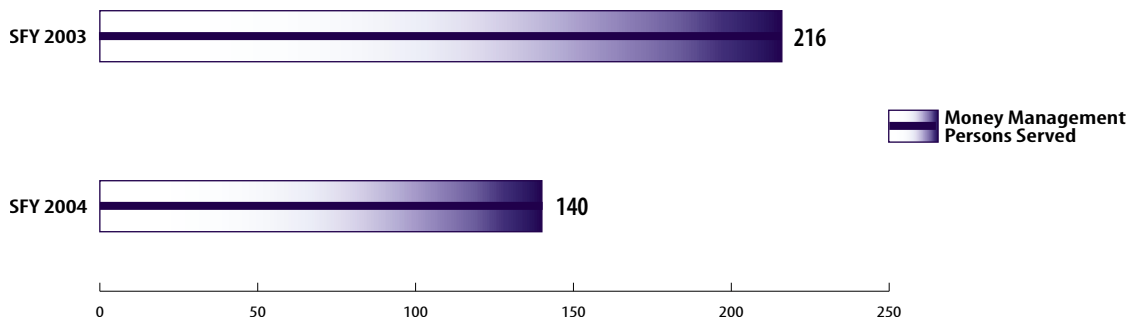
Funding

Volunteers at the local level staff this program. There is no federal or state funding for this program.

Persons Served

The Representative Payee portion of the program served individuals who receive federal benefit funds and have been determined by the appropriate federal office to need a representative to pay expenses associated with their basic needs. The Bill Payer portion of the program serves individuals who request or agree to accept assistance with organizing and paying bills and budgeting.

Money Management Persons Served



Screening

Indiana Pre-Admission Screening

History

The Pre-Admission Screening Program (PAS) was enacted by the Indiana General Assembly on April 30, 1983. The PAS program monitors nursing facility admissions to assure that all placements are appropriate.

Purpose

The primary purpose of PAS as outlined in IC 12-10-12 is to assure that alternatives such as in-home and community services are explored. Individuals are helped to remain in their homes by finding and making available the services required to avoid or delay facility placement.

Outcome

Each person considering placement in a nursing facility must be notified of PAS requirements and the Medicaid penalty for non-participation.

Accomplishments

The PAS program has increased availability of in-home and community services, providing individuals with the information and services necessary to be able to remain in their homes. PAS conducted 37,273 screenings in SFY 2004.

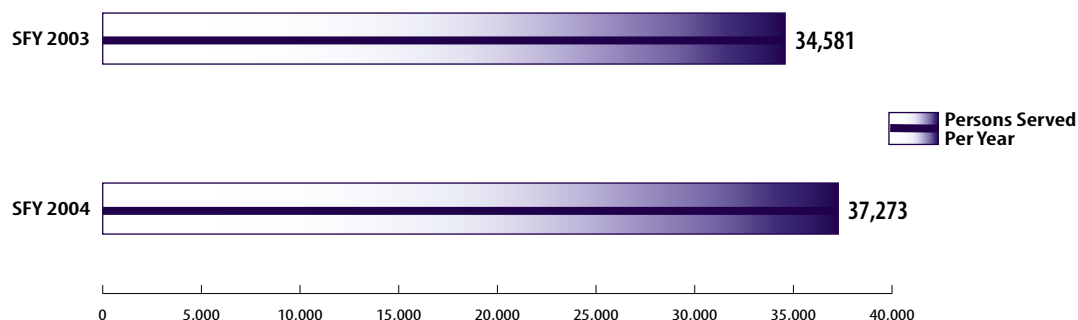
Funding

The Area Agencies on Aging (AAA) are reimbursed for PAS through the Office of Medicaid Policy and Planning (OMPP). Total cost for SFY 2004 was \$3,064,671. This includes Level 1, Level 2, State and Federal Medicaid PAS.

Persons Served

Individuals applying for admission to a long-term care facility.

Persons Served Per Year



Review

Omnibus Reconciliation Act, Pre-Admission Screening Resident Review (PASRR)

History

The Pre-Admission Screening Resident Review (PASRR) program was enacted into federal law in 1987. In 1989, the PASRR program was implemented in Indiana.

Purpose

The purpose of the PASRR program is to assure under 42 U.S.C. 1396r, 42 C.F.R. 483.100 subpart C and IC 12-10-12 that applicants to or residents of Medicaid certified nursing facilities, who have a major mental illness or a developmental disability/medical condition, have their needs properly met.

Outcome

The desired outcome is that individuals are appropriately placed in nursing facilities and that the placement continues to be appropriate as the individual's needs change.

Accomplishments

The PASRR program served a total of 6,073 persons in SFY 2004.

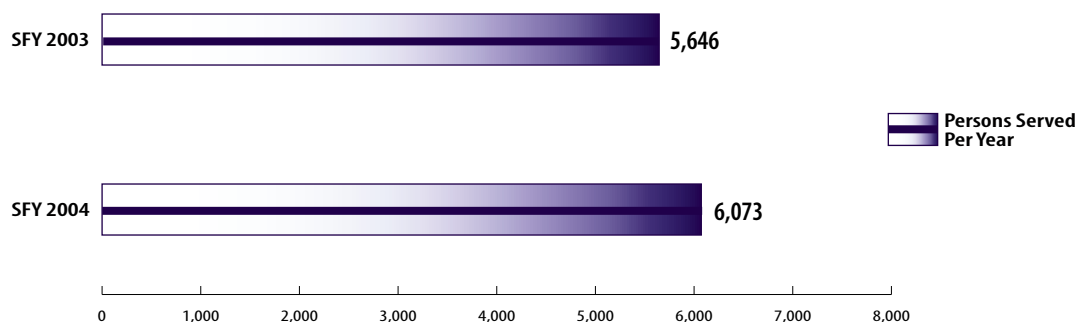
Funding

PASARR expenditures for SFY 2004 was \$60,988.00.

Persons Served

Residents of nursing facilities who have a mental illness or developmental disability.

Persons Served Per Year*



Nutrition Services

Nutrition Services Incentive Program

History

The Nutrition Services Incentive Program (NSIP) is not a new program; it was authorized by Section 311 of the OAA of 2000, as amended, and has been authorized in one form or another under the OAA since 1978. Until FY'03, the program was administered by the USDA, which provided cash and/or commodities to supplement meals provided on the authority of the OAA.

Purpose

The NSIP is intended to provide incentives to states and tribes for the effective delivery of nutritious meals to older adults. The NSIP supplements funding for food used in meals served under the OAA. Indiana uses this NSIP funding to fund a portion of the cost of each meal served.

The Indiana Senior Nutrition Program provides for both congregate and home-delivered meals. The meals served under this program are to provide at least one-third of the daily recommended dietary allowances established by the Food and Nutrition Board of the National Academy of Sciences–National Research Council.

Besides meals, the Indiana Senior Nutrition Program (administered through the state's 16 Area Agencies on Aging) also provides a range of related services, including nutrition screening, assessments, education, and counseling. These services help older participants to identify their general and special nutrition needs, as they may relate to health concerns such as hypertension and diabetes. The congregate meals program also provides older Hoosiers with positive social contacts with other seniors at the group meal site.

Eligibility

While there is no means test for participation in the Indiana Senior Nutrition Program, services are targeted to older Hoosiers with the greatest economic or social need, with special attention given to low-income minorities. In addition to focusing on low-income and other older Hoosiers at risk of losing their independence, the following individuals may receive services:

- ▶ A spouse of any age;
- ▶ Disabled persons under age 60 who reside in housing facilities occupied primarily by the elderly where congregate meals are served;
- ▶ Disabled persons who reside at home and accompany older Hoosiers to meals; and
- ▶ Nutrition service volunteers

Outcome

The desired outcomes of this program are to provide higher daily intakes of key nutrients and to promote positive social contacts.

Accomplishments

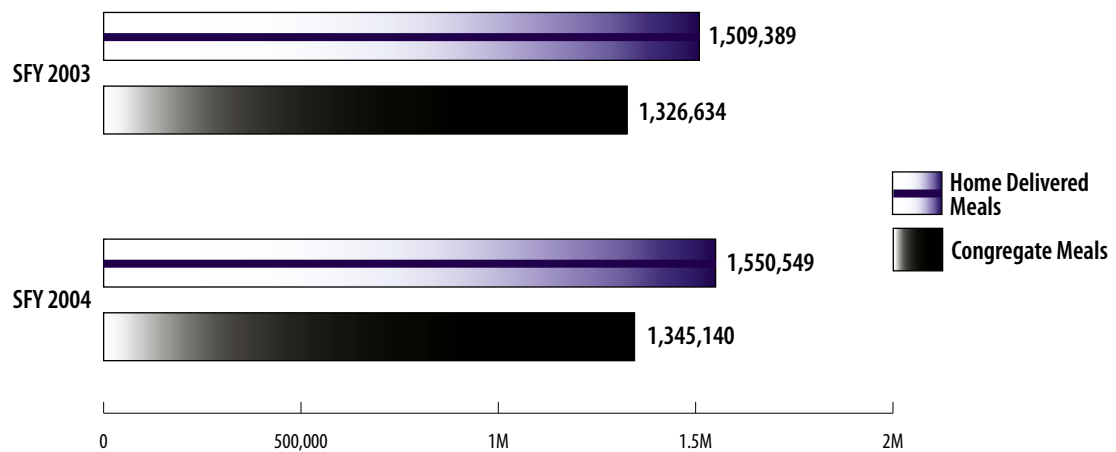
In SFY 2004, 1,345,140 congregate meals and 1,550,549 home delivered meals were served, for a total of 2,895,689 meals served.

Funding

Program expenditures during SFY 2004 were \$6,834,938 for congregate meals and \$7,389,698 for home delivered meals. The total expenditure in SFY 2004 was \$14,224,636.



Nutrition Program Meals Served*



Assistance

Residential Care Assistance Program

History

The enactment of P.L. 122-1975 implemented the fully state-funded Assistance to Residents in County Homes (ARCH) Program. The Room and Board Assistance (RBA) Program followed in July 1976. These laws enacted a state-funded system to subsidize the difference between a resident's income and the state approved daily rate for a County Home or a licensed and approved residential care facility. In 1992, the two programs were transferred to the authority of the Division of Disability, Aging, and Rehabilitative Services. In 2000, the ARCH and RBA programs were merged into the Residential Care Assistance Program (RCAP).

Purpose

As outlined in IC 12-10-6, RCAP is to provide financial assistance to eligible persons living in an approved residential care facility or a county home who do not have sufficient monthly income to pay the daily charge in the facility or home. The program also provides personal needs assistance payments to residents whose income is insufficient to cover their monthly personal needs expenses. RCAP assists eligible residents with health care coverage through Medicaid funding.

In order for a facility to participate in the RCAP it must be a county home, a facility that is licensed by the Indiana State Department of Health (ISDH) pursuant to IC 16-10-4 as a residential care facility, or an accredited Christian Science facility. The facility must also be approved by the Division of Disability, Aging, and Rehabilitative Services (DDARS).

Accomplishments

The number of residents on RCAP at the end of SFY 2004 was 2,542. In SFY 2004, 1,865 persons were served in RBA facilities and 677 persons through ARCH.

Funding

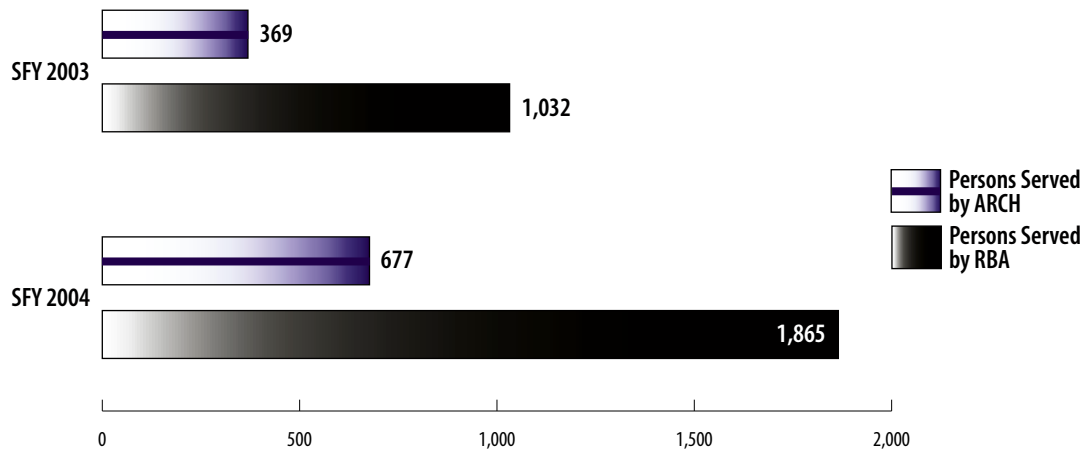
RCAP expenditures totaled \$11,273,192 in SFY 2004. Of this total, \$8,933,547 were expended in RBAs and \$2,339,645 through ARCH. These expenditures are 100% state funds.

Persons Served

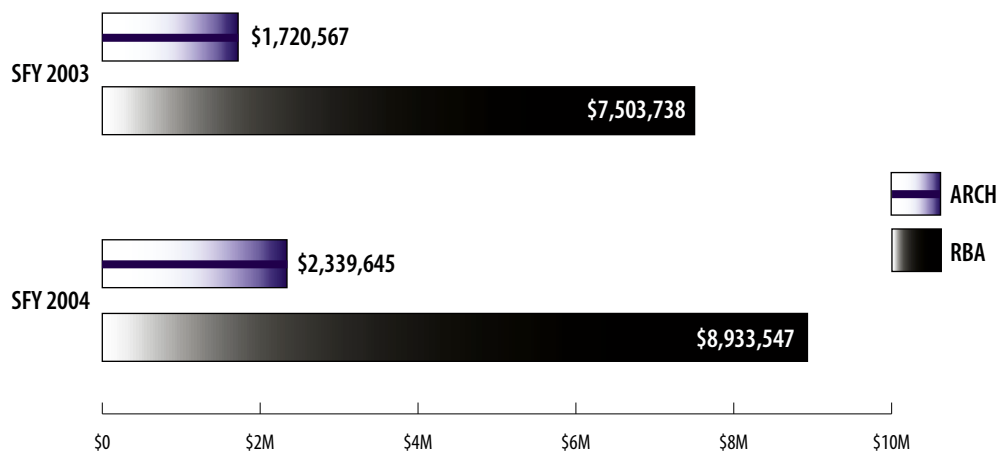
The RCAP assists people who cannot live in their own homes because of age or disability but who do not need the level of care provided in a licensed nursing facility. Eligibility is determined by a caseworker in the county Office of Family and Children.



Residential Care Assistance Program (RCAP) Persons Served Per Year



Residential Care Assistance Program (RCAP) Trend of Annual Expenditures



Older Americans Act

Title III/VII of the Older Americans Act

History

The Older Americans Act of 1965, as amended in 2000, provides Indiana with federal funds to coordinate and provide services to persons age 60 and above. The Act has been a major source of support for services to older persons. Major parts of the Act became part of the Statewide IN-Home Services Program on July 1, 1992.

Purpose

The purpose of the program under 42 U.S.C. 3021-3030r, 42 U.S.C. 3058 and IC 12-9-5-1 is to provide needed services to persons age 60 and above. Funds have been a major source of support for congregate and home delivered meals, transportation, information and referral, outreach, legal protection, and advocacy.

Outcome

The desired outcome is that older adults have access to needed services enabling them to continue living independently in their own homes and communities.

Accomplishments

The Older Americans Act provided services to a total of 108,307 individuals in SFY04, of which 32,625 received in-home services.



Total expenditures were \$19,288,008. This includes \$12,090,093 for community-based services and \$7,197,915 for in-home services.

Persons Served

To be eligible for services through this program each participant must be age 60 or above and in need of services.

Senior Employment

Title V Senior Employment

History

The Older Americans Act of 1965, as amended in 2000, authorized the Title V Community Service Employment Program. This program is commonly referred to as the Title V Senior Employment Program.

Accomplishments

The Title V Program served 613 individuals during SFY 2004. The majority of individuals served were women between the ages of 60 and 74. The U.S. Department of Labor has established a minimum goal of placing 20% of the Title V clients with unsubsidized employment. Indiana exceeded this goal by placing 22.8% of the clients in unsubsidized employment. Written agreements between Area Agencies on Aging and local Workforce Investment Boards (WIBs) have been established to assure maximum coordination at

the local and state levels. Training was provided to all state sub-grantees in 2004. New program was promulgated in August, 2004.

Funding

This program is funded primarily through the U.S. Department of Labor as authorized by the Older Americans Act, as amended. Federal funds equaling \$2,299,071 were expended in SFY 2004 and matched with \$255,452 in state and local funding. In addition, administrative expenses were \$65,380, of which 90% were federal dollars. This is \$19,949 less than the previous year.

Persons Served

This program serves unemployed persons age 55 years and older who have income below 125% of the federal poverty guidelines.



Support

Program Support: Collaborative Efforts, Quality Assurance, Training, Technical Assistance, & Funding

In-Service Training

The Division of Disability, Aging, and Rehabilitative Services (DDARS) is committed to the provision of quality services to Indiana's elderly and persons with disabilities. To maintain the level of service quality, the Family and Social Services Administration (FSSA) and the Indiana Association of Area Agencies on Aging (IAAAA) have provided comprehensive in-service training sessions in the area of in-home and community-based programs. In SFY 2004, training was conducted in the following areas:

- ▶ Case Management
- ▶ CHOICE
- ▶ Pre-Admission Screening/Resident Reviews
- ▶ Medicaid Waivers
- ▶ Nutrition
- ▶ RCAP

Program Support

DDARS has applied for several competitive grant opportunities from a variety of federal and private sources. DDARS has been successful in obtaining the following grants:

- ▶ Performance Outcome Measures Project
- ▶ Preventing Medicare Fraud, Waste, and Abuse
- ▶ Alzheimer's Disease Demonstration Project
- ▶ Relatives as Parents Program

These grant funds will allow Indiana to expand and support activities designed to

enhance the lives of older adults and persons with disabilities. The outcome of these projects will also continue Indiana's efforts of innovation and collaboration. Plans are to incorporate the design of these exciting projects into the ongoing work of DDARS when the grant period has ended.

INsite

DDARS has redesigned its automation capability. Working with the Area Agencies on Aging (AAA) and Roeing Corporation of Lafayette, Indiana, DDARS established a new standard for data collection and reporting using automation. The INsite program is a Windows based system using Visual FoxPro.

The continued development of such systems is critically important as management moves toward performance-based outcomes to assure that consumers receive quality services.

DDARS has established an effective means for the electronic transmission of information and processing of Medicaid Waivers. This is designed to streamline and reduce the paper-work intensive nature of processing Medicaid Waiver decisions. The inclusion of data and information supplied by independent case managers is incorporated into the software, INsite

Quality Assurance

DDARS quality assurance initiatives continued to grow in 2002. The Quality Improvement Program (QIP) has expanded to all sixteen AAAs and data collection is currently under way. Each AAA is contractually required to survey 10%–15% of IN-Home

Services Program recipients to provide a basis for quality improvement activities in the areas of service quality and consumer satisfaction. Consumer-based information is then aggregated, preserving confidentiality, and feedback is given to providers.

Consumer Directed Attendant Care Program

The 112th Indiana General Assembly (2001) enacted Senate Enrolled Act 215. This Act addresses individuals in need of self-directed in-home care. This allows individuals receiving services through Indiana's CHOICE and Medicaid Waiver programs to recruit, hire, pay, dismiss, and supervise a personal services attendant. This provision allows for "ancillary services", such as shopping, laundry, and transportation. It also allows a personal attendant to provide "basic services" including health related services, bathing, dressing, and feeding.

Community Outreach Activities

A number of Community Outreach Activities are sponsored each year by DDARS. In SFY 2004 these activities included:

- ▶ ***Older Americans Month Proclamation***
—This annual event in May pays tribute to contributions of older persons in the community.
- ▶ ***Nutrition Awareness Month Proclamation***
—in March, 2004.

- ▶ ***Older Workers Week***—in September, 2004.
- ▶ ***National Family Caregiver Month***
—in November, 2004.
- ▶ ***Indiana State Fair***—This twelve-day event in August served as a showcase for talents of persons of all ages, provided information on services and programs for older adults and persons of all ages with disabilities, and promoted health awareness. The highlights of the event included the recognition of the Martin H. Miller Award for Senior Volunteers of the Year, educational programs, and entertainment provided by the Area Agencies on Aging.
- ▶ ***Indiana Governor's Conference on Aging and In-Home Services***—The conference was attended by older persons, individuals of all ages, professionals, advocates, service providers, and professionals in December. The conference provided information on senior issues, wellness, life course events, transportation & housing programs, and caregiver issues. The "Older Hoosier of the Year" awards were presented to recipients at the Awards Luncheon. This year's conference was a designated White House Conference on Aging. A listening session provided interested individuals with the opportunity to present senior issues in Indiana with White House representatives. This year's conference had over 525 registered participants.

Closing Comments

Indiana's commitment to In-home services and community-based programs has grown significantly over the past year. Thousands of Hoosiers, both those who are aging and those with disabilities, have been provided services through initiatives to increase the opportunities for people to

stay in their homes and communities. The Family and Social Services Administration (FSSA) is proud of the innovations and has increased its focus on ensuring the changes continue as Indiana seeks a truly balanced delivery system.

Appendix A

Bureau of Aging and In-Home Services Advisory Bodies Indiana Commission on Aging

Don A. Hallett, <i>Chairperson</i>	John R. (Bob) Johnson	Mary Lena Roberson
Martha L. Bannon	Humbert Lopes	Geneva Sams
Glen L. Bonsett	B. L. Martz, M.D. – <i>Emeritus 5/03</i>	Steven Summers
Roxsandra Clemons-McFarthing	Anita McColleston	Harry E. Thompson
James M. Goen	Mary Jane Phillippe	– <i>Emeritus 11/02</i>
Edward Gottschling		

Community and Home Options to Institutional Care for the Elderly and Disabled (CHOICE) Board

Stephen Rappaport, M.D., <i>Chairperson</i>	Sharon Bybee	Blanche C. Ferguson
JoAnn M. Burke, Ph.D., LCSW	Stephen Demougin (<i>Designee for Division of Family and Children</i>)	Laura Harting, R.N.
		David Rogers

Indiana Money Management Program State Advisory Council

Judy Davis	Joan Shelter	Irene Wegner
Beth Evans	Edward W. Stachowicz	Jacqueline Wright
Humbert Lopes	Kate Tewanger	
Jim Lizon	(<i>Designee for Bureau of Aging and In-Home Services</i>)	

Indiana Governor's Task Force on Alzheimer's Disease and Related Senile Dementia

LaDonna Jensen, R.N., <i>Chairperson</i>	Heather Hershberger	Randy Snyder (<i>Designee for State Department of Health</i>)
Cathy Boggs (<i>Designee for Division of Mental Health & Addictions</i>)	Judith Kratzner	Clifford H. Swensen, Ph.D.
Allison Brashear, M.D., – <i>Emeritus 2/03</i>	Mary Marr Owens – <i>Emeritus 10/03</i>	
Janet Chorpenning	Karen M. Robinson, DNS, R.N., CS, FAAN	EX Officio
Gayle J. Cox, Ph.D. – <i>Emeritus 1/03</i>	Jan Roberts	Senator Allie V. Craycraft
Martin Rhys Farlow, M.D.	Peri Rogowski (<i>Designee for Division of Disability, Aging, & Rehabilitative Services</i>)	Senator Marvin Riegsecker
Frank Forster, Psy.D.	Rhonda Sanders-Simmonds, R.N.	Rep. Mary Kay Budak
		Rep. John Day
		Rep. Terry Goodin

Appendix B

INDIANA GOVERNOR'S TASK FORCE ON ALZHEIMER'S DISEASE & RELATED SENILE DEMENTIA GRANTEE SUMMARY

One project was selected to be funded for State Fiscal Years 2002-2004 totaling \$170,000 for the two year period. The grant is summarized below:

PROJECT CATEGORY: STATEWIDE EDUCATION AND OUTREACH
GRANTEE: EDUCATION AND INFORMATION TRANSFER CORE, INDIANA ALZHEIMER CENTER

FUNDING AMOUNT: \$170,000 for two years

PROJECT SUMMARY: The purpose of the Indiana Caregiver's Awareness, Recognition, and Education about Alzheimer's Disease Project (I-CARE About AD Project) is to provide systematic training, education and outreach on Alzheimer's Disease throughout the state of Indiana.

The I-CARE About AD Project has three main goals:

1. Provide education and training on AD and related dementias including recognizing systems and understanding the latest treatment options, through the use of traditional education formats and new technologies, in a systematic and statewide way with an emphasis on rural and minority populations.
2. Promote the I-CARE About AD Project as well as existing programs and services statewide.
3. Create an information infrastructure on AD for the state.

The following achievements have been reported to date:

1. A total of four videoconferences were held during the two year period. Teleconferences were held quarterly. A total of 878 persons preregistered for the teleconferences, 542 participated in them, and 389 tapes were sent to those persons registered who could not participate.
2. The project website was continually updated; 28 new links were added in a six month period alone.
3. Five major publications about Alzheimer's Disease were distributed free of charge to all libraries in Indiana.
4. Project staff collaborated with other community organizations resulting in joint efforts such as the program for the underserved population in downtown Indianapolis that was developed in cooperation with the Parish Nurse program at the University of Indianapolis.
5. The I-Care About AD program was presented at the following national conferences: the Association for Gerontology in Higher Education Conference; the American Society on Aging/National Council on Aging Conference; and the National Alzheimer's Association Education Conference.



State of Indiana

Family and Social Services Administration

402 W. WASHINGTON STREET, P.O. BOX 7083
INDIANAPOLIS, INDIANA 46207-7083

www.IN.gov/fssa

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